

MH/SA Targeted Case Management Continued Eligibility Checklist

PROVIDER NAME: _____

	Control #(s)										
1	Recipient is making measureable progress toward meeting the goals that require case management functions and there is documentation that supports that continuation of this service will be effective in assisting the recipient in meeting those goals identified in the PCP and										
2	Axis I or Axis II diagnosis (other than sole diagnosis of DD) and is pregnant or										
3	There is an Axis I or II MH/SA diagnosis (as defined by the DSM-IV-TR or its successors), other than a sole diagnosis of a developmental disability and										
	Requires coordination between one or more agencies (including medical and non-medical providers) and										
	Is unable to manage his or her symptoms or maintain abstinence, (independently or with family/caregiver support), due to at least one basic need identified in the initial assessment for services continues to be unmet. or										
	At least three unmet basic needs have been identified through additional assessments during the course of service. or										
	Is a child (under 21) in a residential setting and needs coordination to transition to an alternate level of care. or										
	Has experienced two or more crisis episodes requiring intervention through Emergency Department, Mobile Crisis Management, Facility-Based Crisis, hospitalization or detoxification services within the last three months.										
Comments:											

Auditor Signature: _____ Date: _____